



For Customer Support refer to the appropriate platform below:

Police Records Retrieval

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexisrisk.com

PAGE COUNT: 5

CLIENT: 6625
DIVISION:
ADJUSTER: FXBR
CLAIM: 1133H832X

TRANSACTION #: 1739720623
DATE: 05/03/2022

DATE OF LOSS: 04/27/2022 TIME OF LOSS: 0:0:0
STREET: HIGHWAY 75 S TOLLWAY
CITY: MARIETTA
COUNTY: COBB
STATE: GA

INVESTIGATING AGENCY: GA TROOP POST 00
REPORT NUMBER: C000822037
REPORT TYPE: AUTOACCIDENT
PARTY1: FARHEEN MINKKINEN
PARTY2:
PARTY3:

CAR: EDGE MAKE: FORD YEAR: 2010
TAG:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

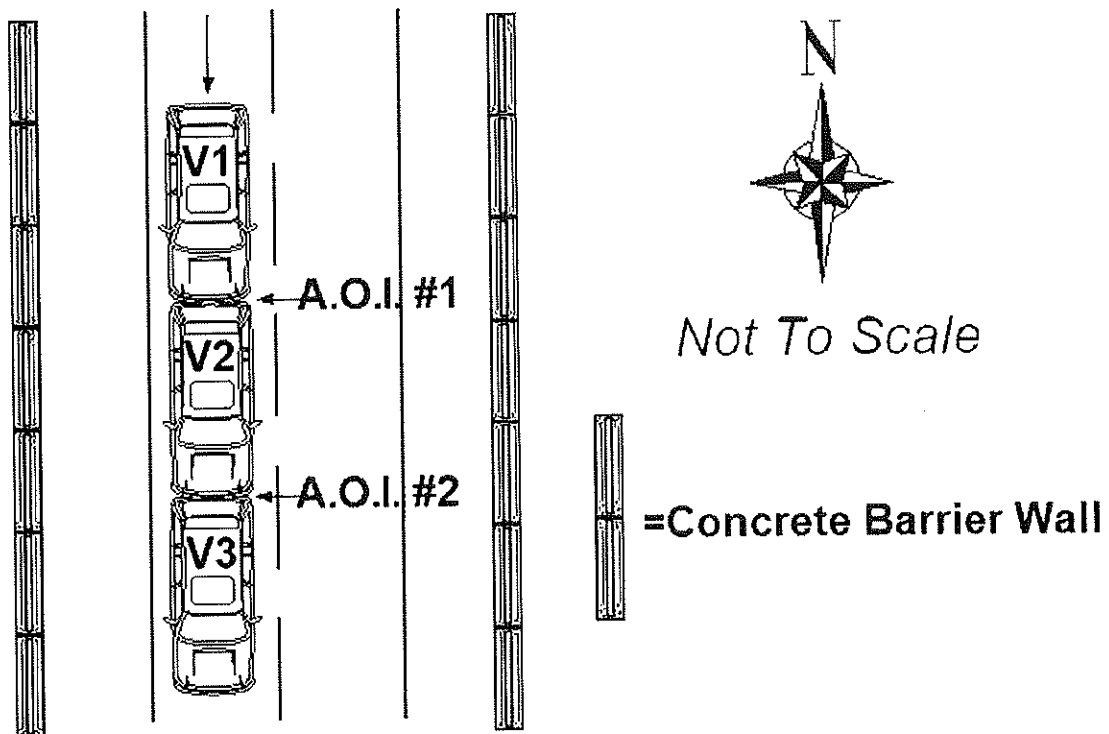
Agency Case Number C000822037-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County COBB		Date Rec. by GDOT	
Estimated Crash Date 04/27/22 Time 09:15		Dispatch Date 04/27/22 Time 09:22		Arrival Date 04/27/22 Time 09:22		Vehicles 3		Total Number of Injuries 0		Fatalities 0	
Road of Occurrence INTERSTATE 75 REVERSIBLE TOLL LANES						At Its Intersection With					
Not At Its Intersection But 0.6						Of TERRELL MILL ROAD					
Latitude (Y) 33.9055661772912						Longitude (X) -84.4761349069309					
(Format) 00.00000						(Format) -00.00000					
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE BULLINER Z.		Unit # 2		<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE MINKKINEN FARHEEN	
<input checked="" type="checkbox"/> Susp At Fault		Address 401 WEST PEACHTREE STREET SUITE 2900		<input type="checkbox"/> Susp At Fault		Address 12 LANTANA XING					
City ATLANTA		State GA		Zip 30308		DOB 07/24/1973		City DALLAS		State GA	
Driver's License No. 061045445		Class C		State GA		Country UNITED STATES		Driver's License No. 048233903		Class C	
Insurance Co. SELF INSURED		Policy No.		Telephone No.		Insurance Co. STATEFARM		Policy No. 890 8481 C21 11		Telephone No.	
Year 2019		Make GMC		Model TERRAIN		Year 2010		Make FORD		Model EDGE	
VIN 3GKALMEV1KL171566		Vehicle Color GRAY		VIN 2FMDK3JCXABB76118		Vehicle Color SIL					
Tag # RKE0249		State GA		County TURNER		Year 2022		Tag # BPB0309		State GA	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle US SECRET SERVICE		<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle MINKKINEN ERIK LEE					
Address 401 WEST PEACHTREE STREET NW		City ATLANTA		State GA		Zip 30308		Address 12 LANTANA XING		City DALLAS	
Removed By: ATOW WRECKER		<input checked="" type="checkbox"/> Request List		Removed By: DRIVER/DRIVEN		<input type="checkbox"/> Request List					
Alco Test: 2		Type:		Results:		Drug Test: 2		Type:		Results:	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1	
Operator Contributing Factors: 3		1		1		Operator Contributing Factors: 1		1		1	
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1					
Direction of Travel: 2		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 2		Vehicle Maneuver: 4		Non-Motor Maneuver:	
Vehicle Class: 5		Vehicle Type: 11		Vision Obscured: 7		Vehicle Class: 1		Vehicle Type: 11		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4		Number of Occupants: 1		Area of Initial Contact: 6		Damage to Veh: 3	
Traffic-Way Flow: 4		Road Comp: 1		Road Character: 2		Traffic-Way Flow: 4		Road Comp: 1		Road Character: 2	
Number of Lanes: 2		Posted Speed: 55		Work Zone: 0		Number of Lanes: 2		Posted Speed: 55		Work Zone: 0	
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:		Citation # W93E59874		O.C.G.A. §		Citation Information:		Citation #		O.C.G.A. §	
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #		O.C.G.A. §	
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #		O.C.G.A. §	
COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address City State Zip						Address City State Zip					
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

Unit # 3	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME DOUGLASS	FIRST JONATHAN	MIDDLE DAVID
Address 2082 GLENELLEN DR NW				
<input type="checkbox"/> Susp At Fault				
City KENNESAW	State GA	Zip 30152-7308	DOB 05/10/1989	
Driver's License No. 051809989	Class C	State GA	Country UNITED STATES	
Insurance Co. FARMERS	Policy No. 191 675 297	Telephone No.		
Year 2014	Make HONDA	Model PILOT		
VIN 5FN9F3H58EB017673	Vehicle Color BLU			
Tag # CNW6231	State GA	County COBB	Year 2022	
Trailer Tag #	State	County	Year	
<input checked="" type="checkbox"/> Same as Driver	Owner's Last Name DOUGLASS	First JONATHAN	Middle DAVID	
Address 2082 GLENELLEN DR NW				
City KENNESAW	State GA	Zip 30152-7308		
Removed By: DRIVER/DRIVEN				<input type="checkbox"/> Request List
Alco Test: 2	Type:	Results:	Drug Test: 2	Type: Results:
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1
Operator Contributing Factors: 1 1 1 1				
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		
Direction of Travel: 2	Vehicle Maneuver: 4	Non-Motor Maneuver:		
Vehicle Class: 1	Vehicle Type: 11	Vision Obscured: 1		
Number of Occupants: 1	Area of Initial Contact: 6	Damage to Veh: 2		
Traffic-Way Flow: 4	Road Comp: 1	Road Character: 2		
Number of Lanes: 2	Posted Speed: 55	Work Zone: 0		
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Citation Information:				
Citation #		O.C.G.A. §		
Citation #		O.C.G.A. §		
Citation #		O.C.G.A. §		
COMMERCIAL MOTOR VEHICLES ONLY				
Carrier Name:				
Address		City	State	Zip
U.S. D.O.T. #		No. of Axles	G.V.W.R.	
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

COLLISION FIELDS												
Manner of Collision:	3	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1			
NARRATIVE												
<p>Vehicles #1, #2, and #3 were traveling south on the Interstate 75 reversible toll lanes. All three vehicles were in the right lane. Vehicle #1 was the rear vehicle, vehicle #2 was the middle vehicle, and vehicle #3 was the front vehicle.</p> <p>Vehicles #2 and #3 had come to a controlled stop due to stopped traffic. Driver #1 stated that he glanced down and when he looked back up, he saw traffic in front of him was stopped. Driver #1 was unable to avoid a collision.</p> <p>The front of vehicle #1 struck the rear of vehicle #2. The force of the impact from vehicle #1 forced vehicle #2 forward, causing the front of vehicle #2 to strike the rear of vehicle #3.</p> <p>Both areas of impact was in the right lane and was determined by debris in the roadway, damage to the vehicles involved, and the statements from all drivers involved. All three vehicles came to rest facing southbound.</p> <p>Note: This investigation was audio/video recorded on the dash camera in car #1541.</p>												
DIAGRAM												
										INDICATE NORTH <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>		
PROPERTY DAMAGE INFORMATION												
Damage Other Than Vehicle												
Owner												
WITNESS INFORMATION												
Name (Last, First)		Address			City		State		Zip Code		Telephone Number	
OCCUPANT INFORMATION												
1	Name (Last, First): BULLINER, Z.					Address: 401 WEST PEACHTREE STREET SUITE 2900 ATLANTA, GA 30330						
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:		
	48	M	1	1	3	1	2	5	0	2		
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:			
2	Name (Last, First): MINKINEN, FARHEEN					Address: 12 LANTANA XING DALLAS, GA 30132-0500						
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:		
	48	F	2	1	3	1	2	2	0	2		
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:			
3	Name (Last, First): DOUGLASS, JONATHAN					Address: 2082 GLENELLEN DR NW KENNESAW, GA 30152-7308						
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:		
	32	M	3	1	3	1	2	2	0	2		
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:			
ADMINISTRATIVE												
Photos Taken:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By: NONE TAKEN		Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.						
Report By:		Agency:		Report Date:		Checked By:		Date Checked:				
M. TENNANT #0771		GSPC/CRIMINAL SUPPRESSION		04/27/22		YOUNGBLOOD, R. #0122		05/02/22				

ADDITIONAL or FULL PAGE DIAGRAM

I-75 REVERSIBLE TOLL LANES



Crash Number C000822037	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number
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Please keep this paper! It contains all pertinent information you need to request a copy of your crash report.

GEORGIA STATE PATROL

Your crash (accident) has been investigated by:

TFC2 M. TENNANT (0771)

Your crash report number is:

C000822037 - CASE #

EXPECTED COMPLETION TIME

Your crash report may be completed within 3-5 business days, depending upon complexity.

OBTAIN A COPY ONLINE AT gadps-eports.net

Retrieve your crash report quickly and simply!

The Department of Public Safety ("DPS") offers the Efficient Purchase of Records Transfer System (EPORTS), a secure, user-friendly, online site to request, receive, and pay for your report!

EPORTS is accessible online 24/7, by cellphone or computer!

If your crash report is complete, you will receive an electronic copy within 3 business days,

M-F, 8:00 a.m. - 4:30 p.m., excluding state holidays and public emergencies.

With EPORTS, the report will remain available for you to print or download for up to 3 years!

COSTS

DPS charges a fee of \$5.00 for each crash report.

To request a copy of your crash report by email or U.S. Mail instead of via EPORTS, please complete the fillable Open Records Request Form located on the DPS website <https://dps.georgia.gov/ask-us/how-do-i-submit-open-records-request> and submit it to openrecords@gsp.net, or print it for mailing. Please send payment for requests made via email or U.S. Mail by noting any assigned reference number, and sending a check or money order in the amount of \$5.00 to:

Georgia Department of Public Safety
Attention: Open Records Unit Manager
P.O. Box 1456
Atlanta, GA 30371

If you are interested in a career with the Georgia Department of Public Safety, please visit our website at **dps.georgia.gov/careers**

STATE OF GEORGIA TRAFFIC CRASH

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

DRIVER EXCHANGE

Crash Number C000822037		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number		Reporting Agency CAD Number	
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CRASH IDENTIFIERS							
County of Crash		City or Place of Crash		<input type="checkbox"/> City Limits	Crash Date/Time		Reported Date/Time
Roadway Description for Location of Occurrence							

VEHICLE									
V01	Year 2019	Make GMC	Model TERRAIN	Color GRY	State GA	License Number RKE0249	Registration Expires 11/30/2022	<input type="checkbox"/> Permanent Registration	VIN 3GKALMEV1KL171566
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person) US SECRET SERVICE		
Address 401 WEST PEACHTREE STREET NW				Address Other				City ATLANTA	State GA
Owner Phone Number		Owner Phone Number (other)		Insurance Company SELF INSURED		Insurance Policy Number SELF INSURED			

VEHICLE									
V02	Year 2010	Make FORD	Model EDGE	Color SIL	State GA	License Number BPB0309	Registration Expires 11/29/2022	<input type="checkbox"/> Permanent Registration	VIN 2FMDK3JCXABB76118
Owner First Name ERIK		Owner Middle Name LEE		Owner Last Name MINKKINEN		Owner Suffix	Owner Business (if not Person)		
Address 12 LANTANA XING				Address Other				City DALLAS	State GA
Owner Phone Number		Owner Phone Number (other)		Insurance Company STATEFARM		Insurance Policy Number 890 8481 C21 11			

VEHICLE									
V03	Year 2014	Make HONDA	Model PILOT	Color BLU	State GA	License Number CNW6231	Registration Expires 5/11/2022	<input type="checkbox"/> Permanent Registration	VIN 5FN9YF3H58E6017673
Owner First Name JONATHAN		Owner Middle Name DAVID		Owner Last Name DOUGLASS		Owner Suffix	Owner Business (if not Person)		
Address 2082 GLENELLEN DR NW				Address Other				City KENNESAW	State GA
Owner Phone Number		Owner Phone Number (other)		Insurance Company FARMERS		Insurance Policy Number 191 675 297			

REPORTING OFFICER				Officer Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY				Post Phone Number 404-624-7000
ID Number 0771	Rank TPC2	Name M. TENNANT		Troop / Post GSP/CRIMINAL SUPPRESSION UN				